

Indian Health Service (IHS) Fiscal Year (FY) 2016, 2017, 2018 PERFORMANCE (GPRAMA and Budget) MEASURES –Tribal, IHS Direct, and Urban Programs

Table 1-1: GPRAMA Measure

| Performance Measure | FY 2016 Target | FY 2017 Target | FY 2018 Target | Measure Lead |
|--|--------------------------------------|--|------------------------------|--|
| Domestic (Intimate Partner) Violence Screening: Percentage of women who are screened for domestic violence at healthcare facilities. | Set Baseline • Result: 65.3%, Met | Achieve target rate of 65.3% • Result: 66.6%, Met | Achieve target rate of 41.6% | Terry Friend OCPS/DBH 301-443-1870 |

Table 1-2: FY 2018 Budget Measures reported from the Integrated Data Collection System Data Mart (IDCS DM)

| Performance Measure | FY 2016 Target | FY 2017 Target | FY 2018 Target | Measure Lead |
|---|--|--|------------------------------|--|
| Diabetes: Good Glycemic Control: Percentage of patients with diagnosed diabetes with good glycemic control (A1c less than [\leq] 8.0). | Achieve target rate of 49.5% • Result: 46.9%, Not Met | Achieve target rate of 48.4% • Result: 46.1%, Not Met | Achieve target rate of 36.2% | Ann Bullock, MD OCPS/DDTP 844-447-3387 |
| Diabetes: Blood Pressure Control: Percentage of patients with diagnosed diabetes that have achieved blood pressure control (less than [\leq] 140/90). | Achieve target rate of 65.0% • Result: 68.3%, Met | Achieve target rate of 63.8% • Result: 67.6%, Met | Achieve target rate of 52.3% | Ann Bullock, MD OCPS/DDTP 844-447-3387 |
| Diabetes: Statin Therapy to Reduce CVD Risk in Patients with Diabetes: Percentage of patients with diagnosed diabetes who received a prescription for statin therapy. | Set Baseline • Result: 61.9%, Met | Achieve target rate of 61.9% • Result: 64.2%, Met | Achieve target rate of 37.5% | Ann Bullock, MD OCPS/DDTP 844-447-3387 |
| Diabetes: Nephropathy Assessment: Percentage of patients with diagnosed diabetes assessed for nephropathy. | Achieve target rate of 61.1% • Result: 63.3%, Met | Achieve target rate of 63.3% • Result: 64.5%, Met | Achieve target rate of 34.0% | Ann Bullock, MD OCPS/DDTP 844-447-3387 |

IHS FY 2016, 2017, 2018 Performance (GPRA) Measures – Tribal, IHS Direct and Urban Programs

| Performance Measure | FY 2016 Target | FY 2017 Target | FY 2018 Target | Measure Lead |
|---|--|--|------------------------------|--|
| Diabetes: Retinopathy: Percentage of patients with diagnosed diabetes who received an annual retinal examination. | Achieve target rate of 61.6% <ul style="list-style-type: none"> Result: 59.1%, Not Met | Achieve target rate of 63.1% <ul style="list-style-type: none"> Result: 61.4%, Not Met | Achieve target rate of 49.7% | Dawn Clary PIMC 602-263-1505 |
| Dental Access: Percent of patients who receive dental services. | Achieve target rate of 29.3% <ul style="list-style-type: none"> Result: 28.7%, Not Met | Achieve target rate of 29.7% <ul style="list-style-type: none"> Result: 29.5%, Not Met | Achieve target rate of 27.2% | Timothy Lozon OCPS 301-443-0029 Christopher Halliday Division of Oral Health 301-443-4323 |
| Dental Sealants: Percentage of patients ages 2–15 years with at least one or more intact dental sealant. | Achieve target rate of 14.8% <ul style="list-style-type: none"> Result: 18.1%, Met | Achieve target rate of 16.6% <ul style="list-style-type: none"> Result: 18.5%, Met | Achieve target rate of 16.0% | Timothy Lozon OCPS 301-443-0029 Christopher Halliday Division of Oral Health 301-443-4323 |
| Topical Fluorides: Percentage of patients ages 1–15 years who received one or more topical fluoride applications. | Achieve target rate of 28.3% <ul style="list-style-type: none"> Result: 31.1%, Met | Achieve target rate of 29.9% <ul style="list-style-type: none"> Result: 31.9%, Met | Achieve target rate of 30.0% | Timothy Lozon OCPS 301-443-0029 Christopher Halliday Division of Oral Health 301-443-4323 |
| Influenza Vaccination Rates Among Children 6 months to 17 years: Percentage of children ages 6 months to 17 years who receive an influenza vaccination. | Set Baseline <ul style="list-style-type: none"> Result: 37.1%, Met | Achieve target rate of 37.1% <ul style="list-style-type: none"> Result: 37.2%, Met | 20.6% | Amy Groom OPHS/EPI 505-232-9966 |
| Influenza Vaccination Rates Among Adults 18+: Percentage of adults ages 18 years and older who receive an influenza vaccination. | Set Baseline <ul style="list-style-type: none"> Result: 38.7%, Met | Achieve target rate of 38.7% <ul style="list-style-type: none"> Result: 39.2%, Met | 18.8% | Amy Groom OPHS/EPI 505-232-9966 |

IHS FY 2016, 2017, 2018 Performance (GPRA) Measures – Tribal, IHS Direct and Urban Programs

| Performance Measure | FY 2016 Target | FY 2017 Target | FY 2018 Target | Measure Lead |
|---|--|--|------------------------------|--|
| Childhood Immunizations: Combined (4313*314) immunization rates for AI/AN patients ages 19–35 months (where 3* refers to the Hib vaccine brand. Depending on the brand, the child is considered immunized after either 3 or 4 vaccine doses). | Achieve target rate of 76.8% <ul style="list-style-type: none"> Result: 72.3%, Not Met | Achieve target rate of 74.8% <ul style="list-style-type: none"> Result: 70.9%, Not Met | Achieve target rate of 45.6% | Amy Groom OPHS/EPI 505-232-9966 |
| Adult Composite Immunizations: Percentage of adults ages 19 years and older. | N/A | N/A | Set Baseline | Amy Groom OPHS/EPI 505-232-9966 |
| Adult Immunizations: Pneumococcal: Percentage of adults ages 65 years and older with a dose of pneumococcal vaccine after the age of 65 or a dose within the past five years. | Achieve target rate of 87.3% <ul style="list-style-type: none"> Result: 86.4%, Not Met | Achieve target rate of 86.7% <ul style="list-style-type: none"> Result: 86.8%, Met | Discontinued | Amy Groom OPHS/EPI 505-232-9966 |
| Cancer Screening: Pap Screening Rates: Percentage of women ages 24–64 years who have had a Pap screen within the previous three years, or if patient is 30–64 years of age, either a Pap smear within the past three years or a Pap smear and an HPV DNA documented within the past five years. | Achieve target rate of 55.6% <ul style="list-style-type: none"> Result: 54.8%, Not Met | Achieve target rate of 56.1% <ul style="list-style-type: none"> Result: 54.8%, Not Met | Achieve target rate of 35.9% | Suzanne England GPA 605-462-6155 ext. 6241 |
| Cancer Screening: Mammogram Rates: Percentage of eligible women who have had mammography screening within the previous two years. | Achieve target rate of 55.9% <ul style="list-style-type: none"> Result: 54.8%, Not Met | Achieve target rate of 56.7% <ul style="list-style-type: none"> Result: 55.4%, Not Met | Achieve target rate of 42.0% | Suzanne England GPA 605-462-6155 x6241 |
| Cancer Screening: Colorectal Cancer Screening Rates: Percentage of patients ages 50–75 years who have had appropriate colorectal cancer screening. | Achieve target rate of 38.7% <ul style="list-style-type: none"> Result: 39.6%, Met | Achieve target rate of 40.2% <ul style="list-style-type: none"> Result: 41.4%, Met | Achieve target rate of 32.6% | Don Haverkamp OPHS/EPI 505-264-3173 |
| Tobacco Cessation Intervention: Percentage of tobacco-using patients who receive tobacco cessation intervention. | Achieve target rate of 49.1% <ul style="list-style-type: none"> Result: 50.4%, Met | Achieve target rate of 53.2% <ul style="list-style-type: none"> Result: 52.2%, Not Met | Achieve target rate of 27.5% | Dayle Knutson GPA605-462-6155 x.6262 |

IHS FY 2016, 2017, 2018 Performance (GPRA) Measures – Tribal, IHS Direct and Urban Programs

| Performance Measure | FY 2016 Target | FY 2017 Target | FY 2018 Target | Measure Lead |
|---|--|--|------------------------------|---|
| Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: Percentage of patients with CVD or at high risk for CVD who receive a statin therapy prescription. | N/A | Set Baseline • Result: 48.1%, Met | Achieve target rate of 26.6% | Dena Wilson, MD FACC PHX/PIMC 602-263-1200 |
| Universal Alcohol Screening: Percentage of patients ages 9–75 years who are screened for alcohol use. In FY 2017 this measure tracked patients ages 12–75 years. As of FY 2018, this measure tracks patients ages 9–75 years. | N/A | Set Baseline • Result: 68.0%, Met | 37.0% | CDR Joel David Beckstead, PhD OCPS/DBH 888-431-4096 |
| Screening, Brief Intervention, and Referral to Treatment (SBIRT): Percentage of patients who screened positive for risky/harmful alcohol use who received a Brief Negotiated Interview or Brief Intervention in ambulatory care within seven days of a positive screen. | N/A | Set Baseline • Result: 3.0%, Met | 8.9% | CDR Joel David Beckstead, PhD OCPS/DBH 888-431-4096 |
| Domestic (Intimate Partner) Violence Screening: Percentage of women who are screened for domestic violence at health care facilities. | Set Baseline • Result: 65.3%, Met | Achieve target rate of 65.3% • Result: 66.6%, Met | Achieve target rate of 41.6% | Terry Friend OCPS/DBH 301-443-1870 |
| Depression Screening: Percentage of patients ages 12–17 years who are screened for depression. | N/A | Set Baseline • Result: 50.1%, Met | 27.6% | Miranda Carman OCPS/DBH 301-443-0468 |
| Depression Screening: Percentage of adults ages 18 years and over who are screened for depression. | Achieve target rate of 67.2% • Result: 67.9%, Met | Achieve target rate of 70.0% • Result: 69.4%, Not Met | Achieve target rate of 42.2% | Miranda Carman OCPS/DBH 301-443-0468 |
| Antidepressant Medication Management: Acute Treatment: Percentage of patients with diagnosed depression who filled enough antidepressant medication prescriptions or refills to provide treatment for at least 84 days (12 weeks). | N/A | Set Baseline • Result: 41.9%, Met | Retired | Kevin Brooks OCPS/ DBH 301-443-1820 |

IHS FY 2016, 2017, 2018 Performance (GPRA) Measures – Tribal, IHS Direct and Urban Programs

| Performance Measure | FY 2016 Target | FY 2017 Target | FY 2018 Target | Measure Lead |
|--|---|---|------------------------------|---|
| Antidepressant Medication Management: Continuous Treatment: Percentage of patients with diagnosed depression who filled enough antidepressant medication prescriptions or refills to provide treatment for at least 180 days (6 months). | N/A | Set Baseline <ul style="list-style-type: none"> Result: 21.9%, Met | Retired | Kevin Brooks OCPS/ DBH 301-443-1820 |
| HIV Screening Ever: Percentage of patients who were ever screened for HIV. | Set Baseline <ul style="list-style-type: none"> Result: 41.9%, Met | Achieve target rate of 41.9% <ul style="list-style-type: none"> Result: 45.1%, Met | Achieve target rate of 17.3% | Richard Haverkate OCPS 301-945-3224 |
| Childhood Weight Control: Percentage of children ages 2–5 years with a BMI at the 95 th percentile or higher. | Achieve target rate of 22.8% <ul style="list-style-type: none"> Result: 22.3%, Met | Long-term measure, no target for FY 2017 | Achieve target rate of 22.6% | Ann Bullock, MD OCPS/DDTP 844-447-3387 |
| Breastfeeding Rates: Percentage of patients who, at the age of 2 months, were either exclusively or mostly breastfed. | Achieve target rate of 35.8% <ul style="list-style-type: none"> Result: 35.2% Not Met | Achieve target rate of 36.4% <ul style="list-style-type: none"> Result: 40.1%, Met | Achieve target rate of 39.0% | Tina Tah OCPS 301-443-0038 |
| Controlling High Blood Pressure (Million Hearts Measure): Percentage of patients 18–85 years of age with diagnosed hypertension who have a BP less than 140/90. | Achieve target rate of 60.6% <ul style="list-style-type: none"> Result: 59.2%, Not Met | Achieve target rate of 59.7% <ul style="list-style-type: none"> Result: 59.0%, Not Met | Achieve target rate of 42.3% | Dena Wilson, MD FACC PHX/PIMC 602-263-1200 |